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APPLICANTS

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** CONTINUING DATA ****

This application is a CON of 09/282,476 03/31/1999 PAT 6,171,337

checked

** FOREIGN APPLICATIONS ****

none

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 07/21/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 3	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials	Allowance			

ADDRESS

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TITLE

Positive power anterior chamber ocular implant

FILING FEE RECEIVED 795	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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